

# Practice Tips

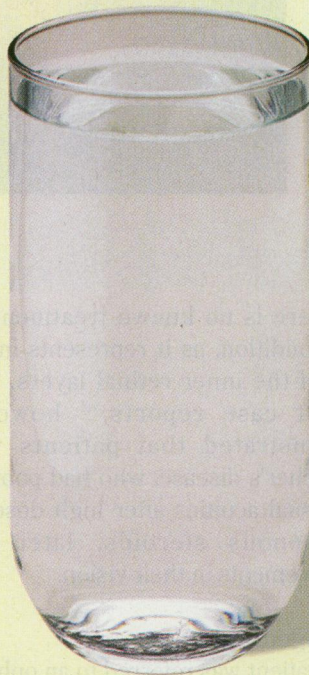
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## Simple method for curing hiccups

Most cases of hiccups are just a nuisance for the person who has them. Occasionally, they last hours or days and result in fatigue and pain. Hiccups could be caused by diaphragmatic pleurisy, pneumonia, uremia, alcoholism, or thoracic or mediastinal lesions.<sup>1</sup> Abdominal causes include surgery, disorders of the stomach and esophagus, bowel diseases, pancreatitis, pregnancy, bladder irritation, hepatic metastases, and hepatitis.<sup>1</sup> High levels of CO<sub>2</sub> in the blood inhibit hiccups; low CO<sub>2</sub> levels accentuate them.

Treatment of an identifiable cause should be the first priority. Nonpharmacologic management by vagal stimulation, such as drinking a glass of water rapidly, swallowing dry bread or crushed ice, and inducing vomiting, might be effective. Carotid sinus massage (with caution) might be successful. Pharmacologic treatment includes metoclopramide, chlorpromazine, scopolamine, and narcotics.<sup>2</sup>

This tip is a variant on the nonpharmacologic approaches mentioned above. It was explained to me by a wizened English physician who has long since retired. I have used this technique many times during social occasions and during my emergency practice. I have been successful with the most resistant of hiccups, even those that have "bounced back" from a previous pharmaceutical attempt at cure.



A MEDLINE search using the MeSH headings hiccups and hiccoughs for the past 25 years revealed an approach, similar to mine, described by Lamphier in 1977.<sup>3</sup>

Fill a large (400 mL) glass with cold water. Have patients tightly press the tragi of their ears inward to completely seal the external acoustic meati while they simultaneously drink all the water through a straw. By the end of this maneuver, the hiccups should have resolved. This method might seem silly, but it truly works! ♦

### References

1. Berkow RB, Fletcher AJ. *The Merck manual of diagnosis and therapy*. 16th ed. Pointe-Claire, Que: Merck Research Laboratories; 1992. p. 1426-7.
2. Friedman NL. Hiccups: a treatment review. *Pharmacotherapy* 1996;16:986-95.
3. Lamphier TA. Methods of management of persistent hiccup (singultitis). *Md State Med J* 1977;Nov:80-1.

We encourage readers to share some of their practice experience: the neat little tricks that solve difficult clinical situations. *Canadian Family Physician* pays \$50 to authors upon publication of their Practice Tips. Tips can be sent in by mail to Dr Tony Reid, Scientific Editor, *Canadian Family Physician*, 2630 Skymark Ave, Mississauga, ON L4W 5A4; by fax (905) 629-0893; or by e-mail [tony@cfpc.ca](mailto:tony@cfpc.ca).

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